



State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES
Hazardous Waste Compliance Section
Waste Management Division
6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095
(603) 271-2942; FAX (603) 271-2456



WMD LOG #: _____

REQUEST FOR WAIVER

*pursuant to the provisions of
Part Env-Wm 212 of the New Hampshire Hazardous Waste Rules*

(1) Identification of the facility or activity to which this request relates:

(a) Facility name/ location: _____

(b) Related activity (check that which applies):

- ☐ generator;
- ☐ transporter;
- ☐ transfer facility;
- ☐ treatment, storage, disposal facility;
- ☐ recycling;
- ☐ other (specify): _____

(c) Date the above application was submitted to this agency: _____

(2) Identification of the specific section of the rules from which a waiver is sought: _____

(3) Explain below why a waiver is being requested, including an explanation of the hardship that would be caused by compliance with the rule. Use extra paper as necessary:

- (4) Provide below, a full explanation of any alternate procedure, method, or other activity that is sought to be substituted for the procedure, method or other activity that is required by the rule from which a waiver is being sought. Use extra paper as necessary:

- (5) Provide results of all tests, studies, or other data generated to determine the need for a waiver and which support the request:

- (6) Provide a full explanation of how the requirement for which the waiver is requested is more stringent than federal requirements:

- (7) Specify the time period/ limit of duration requested for the waiver: _____

{NOTE: If this request is for a temporary waiver from meeting any standard, procedure or provision found in these rules, the petitioner shall also submit a compliance schedule which indicates the proposed time frame and manner in which full compliance shall be achieved.}

- (8) Provide below, a full explanation of why you believe that having the waiver granted will not adversely impact public health or the environment. Use extra paper as necessary:

- (9) Application Identification:

(a) Applicant's Name: _____

(b) Applicant's Address: _____

(c) Applicant's Telephone Number: _____

- (10) Signatory Requirements: I/ We hereby request that the Director of the Waste Management Division grant the above described waiver, as provided by Part Env-Wm 212 of the New Hampshire Hazardous Waste Rules.

Applicant Name (PRINT or TYPE)

Co-Applicant Name (PRINT or TYPE)

Applicant Signature

Co-Applicant Signature

Date

Date